

Congress of the United States
Washington, DC 20515

July 26, 2022

The Honorable Donald Remy
Deputy Secretary
U.S. Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

Dear Deputy Secretary Remy:

We represent VA medical centers where the Cerner electronic health record (EHR) system has been implemented. The system was intended to improve care coordination and increase efficiency, but the result has been the opposite—nearly every action by providers and staff has become more time consuming and, in many cases, error prone. These impacts have continued beyond the initial post-implementation adjustment period that we were told to expect.

As a result, the facilities have been forced to either significantly increase staffing to do the same amount of work or reduce appointment volumes and manage significant backlogs. The medical centers that added permanent, on-site staff were forced to do so at their own expense. While the VA central office provided temporary or remote staff augmentation from the clinical resource hubs and national supplemental staffing unit, this support has been based on the assumption that the Cerner EHR's productivity impacts would abate after a few months. This simply has not happened. The true, negative impacts and the staff increases needed to offset them have been much larger than what was initially anticipated.


The medical centers in our districts should not have to choose between staffing up to continue safely caring for veterans and blowing a hole in their budgets, forcing painful cuts in the future. And, more importantly, our veterans' care should never be compromised. The VA central office selected them as the initial sites for the Cerner EHR, but the VA central office has not provided them with the resources they need to stay afloat.

If you intend to continue the EHR rollout, which we do not recommend, we believe the only responsible path forward is to create a staff augmentation fund within the Electronic Health Record Modernization budget. We understand the new life cycle cost estimate for the program includes a more than \$5 billion multi-year increase to pay for operational disruptions, and while that includes some degree of staffing it seems to exclude doctor and nurse staffing. All needs must be accounted for to ensure timely, safe health care for our veterans. It is only fair that the program creating the impacts should also pay the costs to absorb those impacts.

Whatever is ultimately decided about the fate of the program, our medical centers cannot be left behind. They have been forced onto a deeply flawed system, and they are struggling to address the needs of the veterans in our communities.

Thank you for your attention to this crucial matter.

Sincerely,



CATHY McMORRIS RODGERS
Member of Congress



DAN NEWHOUSE
Member of Congress



TROY BALDERSON
Member of Congress



MIKE CAREY
Member of Congress